

## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

OCT 01 2002

(37 C.F.R. 1.81)

Docket No.  
A-1697DIV3

Applicant(s): Rapoport, Basil

Serial No.  
08/482,402Filing Date  
6/7/95Examiner  
Ungar, Susan NmnGroup Art Unit  
1642Batch No.  
2315

Invention:

DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN THYROID PEROXIDASE

## TO THE ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Attention: Box Issue Fees

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85☒ Utility Fee: \$ 1280.00 ☐ Design Fee: ☐ Plant Fee:☐ A check in the amount of is attached.☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 13-5135 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Charge the amount of  
☒ Credit any overpayment.  
☒ Charge any additional fee required.

*Donald E. Stout*  
Signature

Dated:

7/12/02

I certify that this document and fee is being deposited on July 18, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Andrea Uxa*

Signature of Person Mailing Correspondence

Andrea Uxa

Typed or Printed Name of Person Mailing Correspondence

CC:

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
**Commissioner for Patents**  
**Washington, D.C. 20231**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  
 7590 05/01/2002

DONALD E. STOUT  
 STOUT UXA BUYEN & MULLINS  
 4 VENTURE, SUITE 300  
 IRVINE, CA 92618



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Andrea Uxa (Depositor's name)  
 Andrea Uxa (Signature)  
 July 18, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/482,402	06/07/1995	BASIL RAPOPORT	102105.151CI	2315

TITLE OF INVENTION: DISEASE ASSOCIATED HUMAN AUTOANTIBODIES SPECIFIC FOR HUMAN THYROID PEROXIDASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	08/01/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
UNGAR, SUSAN NMN	1642	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Stout, Uxa, Buyen & Mullins  
 1. \_\_\_\_\_  
 2. Donald E. Stout  
 3. Greg S. Hollrige

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Quest Diagnostics Investments, Inc.

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

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☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-5135 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Donald E. Stout (Date) 7/17/02

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